

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001843

FILED
Mar 19, 2009
Secretary of State

Entity Name: SHIPCO TRANSPORT INC.

Current Principal Place of Business:

9960 116TH WAY
SUITE 10
MIAMI, FL 33178

New Principal Place of Business:

9851 N.W. 106TH STREET
MEDLEY, FL 33178

Current Mailing Address:

80 WASHINGTON STREET
PO BOX 1411
HOBOKEN, NJ 07030

New Mailing Address:

FEI Number: 13-3468377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: JEPSEN, KLAUS H
Address: 80 WASHINGTON ST.
City-St-Zip: HOBOKEN, NJ 07030 US

Title: P () Delete
Name: MOGELVANG, CHRISTIAN
Address: 80 WASHINGTON STREET
City-St-Zip: HOBOKEN, NJ 07030 US

Title: SVP () Delete
Name: EKSTROEM, KIM
Address: 80 WASHINGTON STREET
City-St-Zip: HOBOKEN, NJ 07030 US

Title: SEC () Delete
Name: COZZARELLI, FRANK
Address: 80 WASHINGTON STREET
City-St-Zip: HOBOKEN, NJ 07030

Title: ASEC () Delete
Name: DYRHOLM, STEEN
Address: 80 WASHINGTON ST.
City-St-Zip: HOBOKEN, NJ 07030 US

Title: VP () Delete
Name: FRANSON, JOHN
Address: 925 W. THORNDAL AVENUE
City-St-Zip: ITASCA, IL 60143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEEN DYRHOLM

ASEC

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date